Death of prisoner Chudala Chowri.

483. Dr. A. R. Menon.—Will the Government be pleased to state:—

1. whether they are aware of the death of a prisoner by name Chudala Chowri of Kalur, who was sentenced to undergo life imprisonment in a murder case a few years ago;
2. when was he sentenced by the Sessions Judge of Anjikaimal ;
3. did he not escape from police custody on the very same day he was taken to the sub-jail ;
4. was he not re-arrested by the Ernakulam Town Police a few minutes after his escape ;
5. did he not die in the General Hospital the very next day ;
6. were there not a series of serious injuries on the body of the deceased when he was taken to the hospital ;
7. was there not a post-mortem examination in his case ;
8. what was the cause of his death as disclosed by the post-mortem examination ;
9. will the Government be pleased to place on the table of the House copies of the certificates of post-mortem of Chengalam Mahammad and Chudala Chowri ?

Mr. P. Nilakanta Menon.—1. Yes

2. 19th Karkadagam 1103.
3. Yes.
4. Yes.
5. Yes.
6. Yes.
7. Yes.
8. "Coma due to intracranial Haemorrhage and pressure on the brain".
9. Copies are appended. (*Appendix VI*).

Death of Chengalam Mahammad.

484. Dr. A. R. Menon.—Will the Government be pleased to state:—

1. who are the Police Officers responsible for the arrest of the deceased prisoner Chengalam Mahammad ;
2. was any enquiry conducted, and if so, by whom about the cause of his death ;
3. what was the result of enquiry ;
4. has the Kanayannur Magistrate recorded any case against the Trippunithura police, and if so, do the Government think of appointing another vakil to defend those police officers who are involved in that case ;

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Mr. P. Nilakanta Menon.—1. Mr. Sreenivasa Ayyar, Inspector of Police.

2. Yes; by the District Magistrate.

3. The matter is under consideration and no statement can be made now.

4. (a) Yes.

(b) The question has not come up for consideration.

Dr. A. R. Menon.—May I ask a question on 482 ?

Deputy President.—No.

Dr. A. R. Menon.—Is the Head Constable, Poulose in any way connected with the arrest of this prisoner?

Mr. P. Nilakanta Menon.—I think so.

Dr. A. R. Menon.—Was there any charge of criminal violence against this Poulose before this?

Mr. P. Nilakanta Menon.—Yes. When the accused was brought before the Magistrate he put in a complaint that he was assaulted by the Police.

Dr. A. R. Menon.—Did the District Magistrate who made the enquiry want this officer and the Inspector removed from that locality so that he may conduct the enquiry without any undue influence being exercised by them? Was there any such requisition from the magisterial officer?

Mr. P. Nilakanta Menon.—I do not remember to have received any such requisition.

Dr. A. R. Menon.—Was the Government morally satisfied after receiving the post-mortem examination report that the prisoner might have died a natural death? If not did they make any further enquiries about this matter?

Mr. P. Nilakanta Menon.—The matter is under enquiry.

485. **Dr. A. R. Menon.**—Will the Government be pleased to state:—

(1) whether any inquest report was prepared for the death of the deceased prisoner Chengalam Mahammad, and if so, by whom ;

(2) (a) whether any copy of the inquest report was forwarded to the Commissioner of Police ; and,

(b) if so, has he made any enquiries with regard to the facts contained in the inquest report; if not, why not;

(3) whether any copy of the same was forwarded to the General Hospital together with the requisition for conducting the post-mortem examination;

(4) what was the result of the inquest with regard to the queries in the inquest form "മരണത്തിനുള്ള കാരണം" "സംഭവമുണ്ടോ" "എല്ല തെളിവാണോ";

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(5) what is the purpose of sending a copy of the inquest report to the General Hospital before the post-mortem examination;

(6) if the purpose is to guide the post-mortem examiner, has the Assistant Surgeon who conducted the examination and passed the certificate made any attempt to reconcile his inference with that of the officer who conducted the inquest as to the cause of the death of the unhappy prisoner;

Mr. P. Nilakanta Menon—(1) Yes, by the Kanayannur Sub-Magistrate.

(2) (a) Yes.

(b) No, since the matter was a subject of judicial enquiry

(3) Yes.

(ര) "മരണത്തിനുള്ള കാരണം". കാരണം പൂർത്തിയായി വെളിപ്പെടുകാണുന്നില്ല. ബലം പ്രയോഗിച്ചുകൊണ്ടാണെന്ന സംശയമുണ്ട്.

"സംശയമുണ്ടോ." അതുടെമേൽ? കാരണമെന്തു?:—

"തുടുണ്ണിത്തറ കസ്റ്റംബാ പോലീസിന്റെ മേൽ സംശയമുണ്ട്. മരിച്ച മമ്മതിന്റെ അന്യായംകൊണ്ടും, മമ്മതാലിയുടെ സ്റ്റേറ്റുമെൻറുകൊണ്ടും."

(5) The inquest report serves as a guide to the Medical Officer in the conduct of the post-mortem examination.

(6) Yes. The information in the inquest report was kept in view while conducting the post-mortem examination. The pathological changes observed in the heart decided the findings recorded as to the cause of death.

Dr. A. R. Menon.—What was the cause of death assigned in the post-mortem examination? It is Coma due to intracranial haemorrhage and pressure on the brain causing immediate death. A description of the injury is also given. What are the possible ways by which such an injury can be made on the head as would cause depression as a result of pressure followed by Coma and death? What are the possible ways?

Deputy President.—I think the Member for Medicine would be a better person to answer that.

Dr. D. Raghavendra Rao.—It was due to a blow by a heavy weapon, blunt too.

Dr. A. R. Menon.—When this post-mortem examination report is sent does the officer give anything beyond what he has seen or does he suggest any cause of death? I am only asking for information.

Dr. D. Raghavendra Rao.—Generally when post-mortem examinations are held they make observations of what they see making use of the inquest report that is forwarded by the police.

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Dr. A. R. Menon.—In the case of Mahammad's death it is stated that death is due to the disease of the coronary arteries and a description is given of the disease. Is it not a very rare case of death? Is it not a very rare disease of the coronary arteries? It is given here that there was some weakening of the blood vessels. The cause of death—the disease of the coronary arteries—a description of which is given. Was that before concluding that he had died of heart failure? Is it not a very rare disease?

Dr. D. Raghavendra Rao.—It is not a very common disease.

Dr. A. R. Menon.—Therefore it means it is a rare disease. In that case were there any aberrations and marks of blow on the body?

Dr. D. Raghavendra Rao.—They have all been recorded all that was seen on the body.

Dr. A. R. Menon.—You have stated that most probably death is due to heart failure due to disease of the coronary arteries. When a man has got a number of aberrations and marks of blow on his body could if not be due to violence?

Dr. D. Raghavendra Rao.—Sir, am I in a witnex box to be cross-examined?

Dr. A. R. Menon.—On a point of order. I do not want any answer as a matter of concession. You can call me to order when I go beyond my limits. Did the Chief Medical and Sanitary Officer mark all these marks of violence properly in the case of Mahammad? In the post-mortem examination all these features have been brought to the attention of the officer to whom the report was sent or did you simply state that *most probably* death is due to disease of the coronary arteries?

Dr. D. Raghavendra Rao.—The body was brought in the previous evening. The post-mortem was held by the Assistant Surgeon and he was making all the symptoms of what he saw in the body. But he was not in a position to come to the conclusion as regards the cause of death because of these patches of aberrations that he found. These were not by themselves enough to cause a man's sudden death. Next morning he called the attention of the Civil Surgeon and myself and we went there. We noticed that coronary arteries were affected and the injuries by themselves were not of such a serious nature as to produce death. We came to the conclusion that death must have been due to heart failure.

Dr. A. R. Menon.—But the answer is 'most probably death was due', etc. If it has been stated definitely that death was due to coronary arteries I could not have asked these questions.

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Most probably it may be due to violence since there were a number of bruices on the body. I wish to know whether that side was also taken into consideration and proper weight attached to the relative importance.

Dr. D. Raghavendra Rao.—It was.

Dr. A. R. Menon.—The prisoner was in the sub-jail for some time before he died. Was he not?

Mr. P. Nilakanta Menon.—Yes.

Dr. A. R. Menon.—Did he complained of any special pain? Was there any report?

Mr. P. Nilakanta Menon.—I have not received any official communication.

Dr. A. R. Menon.—Is it a fact that depressing pain is a symptom in these cases? Will he not feel acute pain over the chest if he was suffering from disease in the coronary arteries?

Dr. D. Raghavendra Rao.—It is not always.

Dr. A. R. Menon.—Does he get occasionally very severe pain?

Dr. D. Raghavendra Rao.—He does.

Dr. A. R. Menon.—Was there any requisition to the Chief Medical and Sanitary Officer to go and examine him?

Deputy President.—The Member must sit down immediately after he puts the question.

Re-arrest of Chudala Chowri.

486. **Dr. A. R. Menon.**—Will the Government be pleased to state:—

1. who were the Police officers in charge of the Ernakulam Town Station at the time when Chudala Chowri was re-arrested after his escape;

2. was any enquiry conducted as to the cause of his death;

3. if the answer to (2) is in the affirmative, who conducted the enquiry;

4. what was the result of the enquiry;

5. who was the Police Commissioner then and who was the Division Inspector in charge of the Southern Division then and who is the Anjikaimal District Superintendent of Police at present?

Mr. P. Nilakanta Menon.—1. Inspector of Police Mr. Govindan Nayar.

2. Yes.

3. The Sub-Magistrate of Kanayannur, Ernakulam Town Sub-Inspector and the Commissioner of Police.

4. The deceased died of injuries on his head, which he had at the time of his re-capture.

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APPENDIX V.

(*Vide Answer to Question No. 474.*)

Extracts dated 9th October 1931, P. No. 620/03/M. from the Chairman, Trichur Municipal Council.

The lands required for the improvement of the lane were purchased by my predecessor with the approval of the Council in anticipation of the Diwan's sanction. In his letter dated 21st July 1930, he had stated that, as direct purchase would be cheaper than acquisition and as the whole work could be executed within the estitmated amount, he was arranging for the purchase of the land. He had also requested to drop the Land Acquisition Proceedings.

The end of the year was drawing near and in his anxiety to execute the work before the close of the year, he appears to have effected the purchase and executed the works without waiting for the Diwan's orders. In these circumstances, I request that the Diwan will be pleased to approve of his action and accord formal sanction for the direct purchase of the lands.

APPENDIX VI.

(*Vide Answer to Question No. 483.*)

Post-mortem Certificate No. 16.

Regarding the body of a male named Chowri aged about 35 years received on 21—12—1103 at 8 a. m. from the Second Class Magistrate of Kanayannur with his letter No. nil dated 20—12—1103 and in charge of Constable No. 157.

The body when first seen by the undersigned was cold, rigor mortis present.

Post-mortem commences at 9 a. m. on 21—12—1103.

Appearaneces found.—

Externally.—Head shaved. Marks of 2 contused wounds on the top and anterior part of the head with their anterior ends converging the distance between the 2 posterior ends of the wounds is about 3½', the distance between the 2 anterior ends is about 2". The wound on the right side measures about 2½" x 1/8 of an inch, that on the left side about 3" x 1/8 of an inch—both are deep to the bone. The surrounding of the wounds for about ¼ of an inch are dry and acchymosed. The outer lips of both wounds are retracted outwards. The region about the right parietal eminence is raised and prominent. Eyes closed, corniac clear, pupils equal and semi-dilated. Face, lips, and conjunctive pale. Body well built and well nourished. A contusion on the back and upper part of the right fore-arm with a patch of acchymosis in the centre. A contused wound about 1/2 an inch long and 1/8 of an inch in width over the upper part of the left tibia in front.

On reflecting the scalp, the regions from beneath the wounds to all the parts behind were covered with blood clots. The roof of the skull is traversed by a fracture extending from the region of the left ear across the centre to about 1 1/2" on the right side, then taking an oblique direction backwards and downwards through the centre of and to below the right parietal eminence and then bifurcating the anterior portion curving anteriorly to about 1 1/2", the posterior portion bending backwards and downwards to join the parieto occipital suture on the right side.

External appearances:—On dissecting the contusion on the right forearm, extravasation of blood is found in the subcutaneoustissues. On dissecting the contused wound over the left tibia extravasation of blood is found around and beneath the wound.

Internally:—Head.—On opening the skull a dark blood clot conical in shape 4 1/2" x 3 1/2" base and 2 1/2" height is found covering the upper part of the cerebral hemisphere. Another blood clot conical in shape

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2 1/2" x 2 1/2" x 2 1/2 is found covering the region lying directly beneath the right parietal eminence. On removing the blood clot on the left side, the brain beneath is found pressed down and the duramater bears a rough appearance. The duremater covering the region beneath the clot on the right side has also lost its shining appearance.

Brain on section appears normal. Base of the skull is intact.

Chest:—On opening the chest, both Lungs are seen expanded. Both pleural cavities contain small quantities of serous fluid. Lungs and pleurae normal, Percardium normal. Both sides of the heart empty. Valves of the heart and endocardium normal,

Abdomen,—Stomach distended. On opening the stomach, small quantity of bile staind fluid is seen. Mucus membrance of stomach normal, Small and large intestines contain faecal matter. Liver, spleen, kidneys and pancreas normal. Urinary bladder contains about 8 ozs. of urine.

Cause of death:—Coma due to intra cranial haemorrhage and pressure on the brain."

(Signed) Civil Surgeon.

Post-mortem Certificate No. 8.

Regarding the body of a male calling himself Mahammad aged about 60 years, received on 4—5—1107 at 4.30 p. m., from the Sub-Magistrate of Kanayannur with his letter No. C. 57/07 E. T., dated 4—5—1107 and in charge of P. C. 121.

The body when first seen by the undersigned was cold, entire and rigor mortis present.

Post-mortem commenced at 4.30 p. m., on 4—5—1107.

Appearances found:—Eyes closed, teeth in apposition. Undigested food particles mixed with yellowish fluid escaping from the mouth (1) An acchymosed patch about 3" broad and 7" long running obliquely upwards and lateral wards from the middle line above the pubis on the left side, the superficial skin peeled off at the upper and lateral part (2) A small patch of abrasion and inch above the left eye brow towards the lateral end (3) Four small patches of abrasion over the left shoulder (4) Three small circular patches of abrasion over the dorsum of the left eldbow joint (5) A small patch of abrasion on the right shoulder 1" long and 1/2" broad (6) Another small abrasion over the dorsum of the right elbow joint (7) A small abrasion over the dorsum of the right axilla (8) Another small abrasion on the lateral part of the hip joint (9)Two small circular abrasions below the left patellabone (10) The nail of the left greater the is loose and pus exudes from the under surface (11) The nail of the third toe along with a small portion of the superficial skin is loose. (12) A patch of epidermis about 3" x 4" is peeled off from just above the right glutel region.

Abdomen:—Stomach empty—intestines normal—urinary bladder contains about 1 oz. of urine. Gall bladder contains about 1 1/2 ozs. of fluid bile. Liver, kidneys spleen and pancreas normal.

Thorax:—Pericardium contains about 1/2 oz. of serous fluid mixed with blood. Cardiac vessel are congested. Dark clotted blood in the right ventricles. Left ventricle and auricle empty and contracted. Right auricle contains clotted blood. Heart walls are congested. Mitral valves and coronary arteries are atheromatous. Pleural cavities contain about 1 1/2 ozs. of serous fluid on each side. Lungs congested at the lower lobs. Meninges congested Brain normal.

Opinions as to cause of death:—Most probably heart failure due to diseases of the cornary arteries".

(Signed) Civil Surgeon.

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